

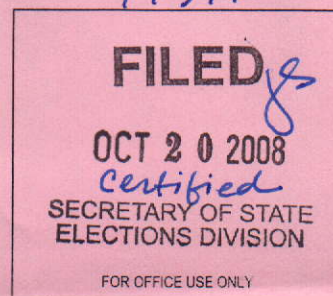
CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Frank Wright Office (if applicable) Incline Village Bot District (if applicable)
 Mailing Address (include city and zip code) P.O. Box 186 Crystal Bay NV Telephone No. 775-831-8748
 E-Mail Address alpiresports@earthlink.net

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED

- ☐ Annual Filing - Due January 15, 2008
 Period: January 1, 2007 - December 31, 2007
- ☐ Report #1 - Due August 5, 2008*
 Period: Jan. 1, 2008 - July 31, 2008
- ☒ Report #2 Due - October 28, 2008*
 Period: Aug. 1, 2008 - Oct. 23, 2008
- ☐ Report #3 Due - January 15, 2009**
 Period: Oct. 24, 2008 - Dec. 31, 2008
- ☐ Annual Filing - Due January 15, 2009
 Period: January 1, 2008 - December 31, 2008



* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle
 ** Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 (See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
 (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven
 (See page 2 of instruction sheet)

This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

0	
0	
0	
0	

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

5. Total Amount of Monetary Contributions Received
 (Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
 (See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100
 (See page 2 of instruction sheet)

0	0
0	0

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
 (See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
 (See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
 (Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100
 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
 (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
 (See page 3 of instruction sheet)

0	0
0	0
0	0

0	0
0	

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

Report Period	#
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Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

Now

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Revised: Dec-07

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Report Period # 2

Name (print) Frank Wright
 Office (if applicable) IUSIP Board of trustees
 District (if applicable) _____

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CAMPAIGN EXPENSES

Report Period # 4Name (print) Frank WrightOffice (if applicable) IVSIPDistrict (if applicable) Trustee

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Report Period # 2

Name (print) frank Wright Office (if applicable) IUGRO Trustee District (if applicable) _____

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY <small>(See Previous Page)</small> NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
	N/A		

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Revised: Dec-07

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

Report Period # 2

District (if applicable)

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**IN KIND CAMPAIGN
EXPENSES**

Report Period # 2

Name (print) FRANK WROGHT

Office (if applicable) ILUSIP Trustee

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362